



Cabinet for Health and Family Services 2011 Kentucky eHealth Summit Registration

September 7, 2011 ■ Erlanger, KY

You can register in one of three ways: (1) register online at <http://ehealth.ky.gov/summit11> or (2) complete the registration form and fax to (502) 564-0693, or (3) mail your printed form to the address below. Credit card payments can be made by phone at (502) 564-7992 x2441 or online. The Cabinet for Health and Family Services (CHFS) must receive registration payment by credit card or check prior to the event. Please make checks payable to Kentucky State Treasurer. Full registration to the 2011 Kentucky eHealth Summit includes admission to all sessions and meeting materials, welcome reception, breakfast and lunch. All registration cancellations must be processed online or received in writing by September 2, 2011.

Mail payment to: Governor's Office of Electronic Health Information
ATTN: Mary Gaetz, Mailstop 4W-E
275 East Main Street
Frankfort, KY 40621

To pay by phone: (502) 564-7992 x 2441
To pay online: <http://ehealth.ky.gov/summit11>
credit cards only - includes \$3 processing fee

If you are attending as a Summit exhibitor, please register online or use the registration form below.

Pricing Information

<input type="checkbox"/> Government/Academia/Student	\$50.00	<input type="checkbox"/> KHIE or Connecting Community (In order to be eligible, you must be connected or in the process of being connected to the KHIE, REC, RHIO beacon community)*	1 Free CEO Pass
<input type="checkbox"/> Non-Government	\$75.00		
<input type="checkbox"/> Vendor/Exhibitor Standard (complimentary conference registration for 2 attendees)	\$250.00	<input type="checkbox"/> Speaker/KHIECC & Committee Members/ eHealth Network Board Members	Free
<input type="checkbox"/> Vendor/Exhibitor Premium (complimentary conference registration for 2 attendees plus use of private demonstration room)*	\$500.00		

**Second booth participant will pay \$75 for Standard and \$100 for Premium which includes all meals and Summit materials.*

Registration after 8/15/11 and walk-ins: \$85.00

Registration

Please type or print clearly; information will be used for your name badge at the Summit.

Amount _____

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

☐ Please contact me regarding special arrangements (i.e. physical, dietary, etc.)

- ☐ Government/Academia/Student
- ☐ Vendor/Exhibitor - Premium
- ☐ Non-Government
- ☐ KHIE or Connecting Community
- ☐ Vendor/Exhibitor - Standard
- ☐ Speaker/KHIECC & Committee/ eHealth Board Members

